

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: City of Los Angeles

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

96-6000735

## \* c. Organizational DUNS:

195388855

## d. Address:

## \* Street1:

1200 West 7th Street

## Street2:

## \* City:

Los Angeles

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code: 90017

## e. Organizational Unit:

## Department Name:

Community Development Dept.

## Division Name:

Human Svcs. &amp; Family Dev.

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Ms.

## \* First Name:

Delphia

## Middle Name:

## \* Last Name:

Jones

## Suffix:

## Title: Director, HSFD

## Organizational Affiliation:

## \* Telephone Number: (213) 744-9700

## Fax Number: (213) 744-9326

## \* Email: Delphia.Jones@lacity.org

RECEIVED

MAY - 1 2006

STATE CLEARING HOUSE

## Application for Federal Assistance SF-424

Version 02

## 8. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Administration for Children and Families

## 11. Catalog of Federal Domestic Assistance Number:

93.570

## CFDA Title:

Community Services Block Grant\_Discretionary Awards

## \* 12. Funding Opportunity Number:

HHS-2006-ACF-OCS-ET-0086

## \* Title:

CSBG Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Opportunities

## 13. Competition Identification Number:

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Los Angeles

## \* 15. Descriptive Title of Applicant's Project:

Los Angeles ACCESS to Asset-Building Project

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 24-27

\* b. Program/Project 24-27

Attach an additional list of Program/Project Congressional Districts if needed.

Project Congressional Districts.doc

Add Attachment

## 17. Proposed Project:

\* a. Start Date: 11/01/2006

\* b. End Date: 10/31/2007

## 18. Estimated Funding (\$):

* a. Federal	60,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	60,000.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/01/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Clifford  
Middle Name: W.  
\* Last Name: Graves  
Suffix:

\* Title: General Manager, CDD

\* Telephone Number: (213) 744-7300

Fax Number: (213) 744-9061

\* Email: Cliff.Graves@lacity.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

# APPLICATION FOR FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

## 2. DATE SUBMITTED

5/1/06

Applicant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

Larkin Street Youth Services

Organizational Unit:

Department:

Organizational DUNS:

14-756-6517

Division:

Address:

Street:

1138 Sutter Street

Name and telephone number of the person to be contacted on matters involving this application (give area code)

City:

San Francisco

Prefix:

Ms.

First Name:

Sherilyn

County:

San Francisco

Middle Name:

State:

CA

ZIP:

94109

Last Name:

Adams

Country:

United States

Suffix:

LCSW

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 2917999

Phone Number (give area code):

415-673-0911, ext. 256

FAX Number (give area code):

415-749-3838

## 8. TYPE OF APPLICATION:

☐ New☒ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):  
(See back of form for description of letters)☐ ☐

Other (specify):

## 7. TYPE OF APPLICANT: (See back of form for Application Types):

O. Not for Profit Organization

Other (Specify):

## 9. NAME OF FEDERAL AGENCY:

Administration for Children and Families

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

93 - 550

TITLE: (Name of Program): Transitional Living for Homeless

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Avenues to Independence: Transitional Living Program for Homeless and Runaway youth ages 18-21

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City and County of San Francisco

## 13. PROPOSED PROJECT:

Start Date

9/30/06

Ending Date

9/29/07

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

8th

b. Project

8th

## 15. ESTIMATED FUNDING:

a. Federal	\$	191,330.00
b. Applicant	\$	27,223.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	218,553

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 5/1/06

b. ☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

## 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

Prefix

Ms.

First Name

Sherilyn

Middle Name

Last Name

Adams

Suffix

LCSW

b. Title

Executive Director

c. Telephone Number (give area code)

415-673-0911, ext. 256

d. Signature of Authorized Representative

e. Date Signed

5/1/06

# APPLICATION FOR FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

## 2. DATE SUBMITTED

5/1/06

Applicant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

Larkin Street Youth Services

Organizational DUNS:

14-756-6517

Address:

Street:

1138 Sutter Street

City:

San Francisco

County:

San Francisco

State:

CA

ZIP:

94109

Country:

United States

Organizational Unit:

Department:

Division:

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Prefix:

Ms.

First Name:

Sherilyn

Middle Name:

Last Name:

Adams

Suffix:

LCSW

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 2917999

Phone Number (give area code):

415-673-0911, ext. 256

FAX Number (give area code):

415-749-3838

## 8. TYPE OF APPLICATION:

☐ New☒ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):  
(See back of form for description of letters)☐☐

Other (specify):

## 7. TYPE OF APPLICANT: (See back of form for Application Types):

O. Not for Profit Organization

Other (Specify):

## 9. NAME OF FEDERAL AGENCY:

Administration for Children and Families

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

93 - 550

TITLE: (Name of Program):

Transitional Living for Homeless

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Transitional Living Program for Homeless and Runaway youth  
ages 18-21

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City and County of San Francisco

## 13. PROPOSED PROJECT:

Start Date

9/30/06

Ending Date

9/29/07

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

8th

b. Project

8th

## 15. ESTIMATED FUNDING:

a. Federal \$ 184,415.00

b. Applicant \$ 27,540.00

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL \$ 211,955

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  
PROCESS FOR REVIEW ON:

DATE 5/1/06

b. ☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM  
HAS NOT BEEN SELECTED STATE FOR REVIEW

## 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

Prefix

Ms.

First Name

Sherilyn

Middle Name

Last Name

Adams

Suffix

LCSW

b. Title

Executive Director

c. Telephone Number (give area code)

415-673-0911, ext. 256

d. Signature of Authorized Representative

e. Date Signed

5/1/06

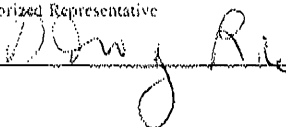
APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 21, 2006	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Shasta County		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   MAY 02 2006   STATE CLEARING HOUSE </div>		
Organizational DUNS: 076-124-536				
Address: Street: 1655 Placer Street				
City: Redding				
County: Shasta		Organizational Unit: Department: Public Works		
State: CA		Division: County Service Area #6 - Jones Valley Water		
Zip Code 96001		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Country: USA		Prefix: First Name: Steven		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000535		Middle Name Lyle		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Last Name Preszler		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		Suffix:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Silverthorne Summer Homes, Shasta County Service Area #6, Shasta Co., CA		Email: spreszler@co.shasta.ca.us		
13. PROPOSED PROJECT Start Date: May, 2008		Phone Number (give area code) (530) 245-6807		
15. ESTIMATED FUNDING:		Fax Number (give area code) (530) 225-5667		
a. Federal USDA RD Federal Loan \$ 440,000		7. TYPE OF APPLICANT: (See back of form for Application Types)		
b. Applicant \$		B. County		
c. State \$		Other (specify)		
d. Local \$		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
e. Other USDA RD Federal Grant \$ 110,000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shasta County Service Area #6 - Jones Valley Water, Replace Silverthorne Summer Homes Water Distribution System		
f. Program Income \$		14. CONGRESSIONAL DISTRICTS OF:		
g. TOTAL \$ 550,000		a. Applicant 2		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		b. Project 2		
a. Authorized Representative		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
Prefix First Name Steven		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
Last Name Preszler		DATE:		
b. Title Supervising Engineer		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Signature of Authorized Representative		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. Telephone Number (give area code) (530) 245-6807		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Date Signed April 21, 2006		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application 9 Construction # Non-Construction		2. DATE SUBMITTED May 3, 2006		Applicant Identifier VC999043.00	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: DEPARTMENT of TOXIC SUBSTANCES CONTROL			Organizational Unit: SITE MITIGATION & BROWNFIELDS REUSE PROGRAM		
Address (give city, county, state, and zip code): 1001 I STREET, 11th FLOOR P.O. BOX 806 SACRAMENTO, CALIFORNIA 95812-0806			Name and telephone number of the person to be contacted on matters involving this application (give area code): MARIA BONILLA (916) 324-2444		
6. EMPLOYER IDENTIFICATION (EIN): 6 8 - 0 2 8 1 3 8 1			7. TYPE OF APPLICANT: (enter appropriate letter here) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Probi Organization N. Other (Specify):		
8. TYPE OF APPLICATION: New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> If Revision, enter appropriate letter(s) in box(es): 9 9 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: REGION IX U.S. ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 8 0 9 TITLE: ENVIRONMENTAL RESTORATION PROGRAM			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: THE CONTINUING CHALLENGE WORKSHOP  (DUNS # 949010870)		
12. AREAS AFFECTED BY PROJECT (CITIES, COUNTIES, STATES, ETC) STATEWIDE CALIFORNIA					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date 07/01/2006	End Date 06/30/2007	a. Applicant: 5 & 6		b. Project 5 & 6	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal <sup>1</sup>	\$ 20,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:  DATE MAY 3, 2006			
b. Applicant	\$	b. NO 9 PROGRAM IS NOT COVERED BY E.O. 12372 9 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ 22,222				
d. Local	\$				
e. Other	\$				
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9 Yes If "Yes" attach an explanation. X9 No			
g. TOTAL	\$ 22,222				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative: DOROTHY RICE		b. Title: DEPUTY DIRECTOR		c. Telephone No.: (916) 323-3576	
d. Signature of Authorized Representative 		e. Date Signed 5.3.06			

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 474A (REV 4-88)  
Prescribed by GSA Circular A-107



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

APR 27 2006

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 20, 2006		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Orange Cove Fire Protection District of Fresno & Tulare			Organizational Unit: Special District		
Address (give city, county, State, and zip code): 550 Center St Orange Cove, CA 95646			Name and telephone number of person to be contacted on matters involving this application (give area code): Robert Terry 559-626-7758		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 8035403			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 768			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange Cove, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace roof on fire station		
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 Devin Nunes		b. Project 21 Devin Nunes	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 19,525.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE			
b. Applicant \$ 0		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local \$					
e. Other \$ 15,975.00					
f. Program Income \$					
g. TOTAL \$ 35,500.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
Type Name of Authorized Representative Robert Terry		b. Title Fire Chief		c. Telephone Number (559) 626-7758	
d. Signature of Authorized Representative				e. Date Signed 4-27-06	

RECEIVED

MAY 04 2006

STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> 04/28/2006	<b>Applicant Identifier</b> CA-90-Y407
<b>Pre-application</b> <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b> CA-90-Y407
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> Foothill Transit		<b>Organizational Unit:</b> Department: Finance	
<b>Organizational DUNS:</b> 94-364-2124		<b>Division:</b>	
<b>Address:</b> Street: 100 N. Barranca Avenue, Suite 100 City: West Covina County: Los Angeles State: CA Zip Code 91791		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Gil Middle Name: Last Name: Victorio Suffix: NA Email: gvictorio@foothilltransit.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-4668218		<b>Phone Number (give area code)</b> (626) 967-2274 ext. 234 <b>Fax Number (give area code)</b> (626) 915-1143	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify) Joint Powers Authority	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 20-507		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Authority	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 20 cities and Los Angeles County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Bus Replacement and acquisition of Administrative Office Bldg.	
<b>13. PROPOSED PROJECT</b> Start Date: Jun 1, 2005 Ending Date: Oct 31, 2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District No. 26,29,32,38 & 42 b. Project Same	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 14,143,120.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/28/2006	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 4,846,880.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 18,990,000.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Gil	Middle Name	
Last Name Victorio		Suffix	
<b>b. Title</b> Finance Manager		<b>c. Telephone Number (give area code)</b> (626) 967-2274 ext. 234	
<b>d. Signature of Authorized Representative</b> <i>Gil Victorio</i>		<b>e. Date Signed</b> 04/28/2006	

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: <b>TEHAMA COUNTY FARM BUREAU</b>	Organizational Unit:
Address (give city, county, State, and zip code): <b>645 ANTELOPE BLVD SUITE 15 RED BLUFF, CA, 96080</b>	Name and telephone number of person to be contacted on matters involving this application (give area code): <b>RYAN SALE 530-526-2440 / 530-527-4854 H</b>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-11169687</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <b>NON PROFIT</b>
9. NAME OF FEDERAL AGENCY: <b>USDA RURAL DEVELOPMENT</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>110-766</b>	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>NEW TEHAMA COUNTY FARM BUREAU OFFICE BUILDING</b>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>RED BLUFF, TEHAMA, CALIFORNIA</b>	
13. PROPOSED PROJECT <b>1</b>	14. CONGRESSIONAL DISTRICTS OF: <b>WALLY HERGER</b>
Start Date <b>6-30-2006</b>	Ending Date <b>12-30-2006</b>
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <b>987,000</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>5-4-06</b>
b. Applicant \$ <b>116,000</b>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
d. Local \$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$	
f. Program Income \$	
g. TOTAL \$ <b>1,103,000</b>	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative <b>Mark E. Giles</b>	b. Title <b>PRESIDENT TCFB</b>
c. Signature of Authorized Representative <b>Mark E. Giles</b>	d. Telephone Number <b>530-527-7882</b>
	e. Date Signed <b>5-4-06</b>

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102



# Second Program Year Action Plan

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.



Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		/078787397	
0		0	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
<b>Employer Identification Number (EIN):</b>		Fresno County	
94-6000512		7/1	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: County		Specify Other Type	
<b>Program Funding</b>		<b>U.S. Department of Housing and Urban Development</b>	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> <li>- Area Based Policing</li> <li>- CDBG Housing Program Administration</li> <li>- Fair Housing Activities</li> <li>- General Management, Oversight, and Coordination</li> <li>- Housing Rehabilitation Loans (Owner Occupied)</li> <li>- Public Information</li> <li>- Social Service Programs</li> <li>- Facade Improvement Program</li> <li>- Unincorporated Infrastructure &amp; Public Facilities</li> <li>Projects Contingency</li> <li>- Coalinga Valley Street Water and Sewer Improvements (03086)</li> <li>- Fowler Pedestrian Improvements (06177)</li> <li>- Kerman Teen Center Section 108 Payment</li> <li>- Kerman Kearney Blvd. (04122)</li> </ul>		The Unincorporated area of Fresno County; The Cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	

# County of Fresno

<ul style="list-style-type: none"><li>- Kerman Project</li><li>- Kingsburg 20th Ave Sidewalk, Curb, and Gutter Improvements (06173)</li><li>- Mendota Fire Protection Improvements (06155)</li><li>- Reedley Linden Avenue Street and Drainage Improvements (06156)</li><li>- Selma Street Improvements - Arrans, Grant, Mill &amp; Various Alleyways (06141)</li><li>- Sanger Road Reconstruction - 7<sup>th</sup> Street, Recreation Way (06175)</li><li>- Sanger Park - Tot Lot Play Structure (06176)</li><li>- Cantua Creek Wastewater Pond/Sewer Pumps (06029)</li><li>- Laton Latonia Standby Generator (06011)</li><li>- Caruthers Water Distribution System Improvements - Ph. II (06998)</li><li>- Ralsin City Water Distribution - Phase III Water Storage Tank (06049)</li></ul>					
\$4,084,944 - Entitlement		\$0		Describe	
\$0		\$0			
\$0		\$0			
\$1,500,000 - Program Income		Other (Describe)			
\$5,584,944 - Total 2006 - 07 CDBG Funding Available					
<b>Home Investment Partnerships Program</b>		14.239 HOME			
HOME Project Titles <ul style="list-style-type: none"><li>- Administration of HOME</li><li>- Downpayments Assistance (HOME)</li><li>- Downpayment Assistance (ADDI)</li><li>- HOME CHDO Set-Aside: Affordable Housing Development in Cities &amp; Unincorporated Area</li><li>- Housing Rehabilitation Loans in Cities and Unincorporated Areas (Owner Occupied and Rental)</li><li>- Lead Based Paint Testing and Abatement</li><li>- Relocation Assistance</li></ul>		Description of Areas Affected by HOME Project(s)  The Unincorporated area of Fresno County; The Cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma			
\$1,615,710 - Entitlement		\$0		Describe	
\$0		\$0			
\$0		\$0			
\$900,000 - Program Income		Other: HOME entitlement of \$1,615,710 listed above includes \$20,137 in ADDI funding.			
\$2,515,710 - Total 2006 - 07 HOME Funding Available					

## County of Fresno

<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
<b>Emergency Shelter Grants Program</b>		14.231 ESG	
ESG Project Titles - Emergency Shelter Grant (ESG) Administration - ESG Activities (Individual ESG Activities will be Selected in Fall 2006)		Description of Areas Affected by ESG Project(s)  The Unincorporated area of Fresno County; The Cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	
\$211,579	\$0	Describe	
\$0		\$0	
\$0		\$0	
\$0		Other (Describe)	
\$211,579			
Congressional Districts of: 18, 19, 20, 21		Is application subject to review by state Executive Order 12372 Process?	
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on May 5, 2006
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)	
* 3. Date Received:		4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:		6. Date Received by State:	
7. State Application Identifier:		8. APPLICANT INFORMATION:	
* a. Legal Name: <i>County of Sierra, California; Sheriff-Coroner</i>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <i>94-6000536</i>		* c. Organizational DUNS: <i>04-048-2804</i>	
d. Address: <i>100 Courthouse Square, PO Box 66, Downieville, CA 95936-0066</i>			
* Street1: <i>100 Courthouse Square</i>			
Street2: <i>Post Office Box 66</i>			
* City: <i>Downieville</i>			
County: <i>Sierra County</i>			
* State: <i>CA</i>			
Province:			
* Country: <i>USA</i>			
* Zip / Postal Code: <i>95936-0066</i>			
e. Organizational Unit:			
Department Name: <i>Sierra County Sheriff</i>		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: <i>Sheriff</i>		* First Name: <i>Lee</i>	
Middle Name:			
* Last Name: <i>Adams</i>			
Suffix: <i>III</i>			
Title: <i>Sierra County Sheriff - Coroner</i>			
Organizational Affiliation: <i>Sierra County Sheriff-Coroner</i>			
* Telephone Number: <i>530 289-3700</i>		Fax Number: <i>530 289-3318</i>	
* Email: <i>hangman@sierracounty.ws</i>			

RECEIVED

MAY 08 2006

STATE CLEARING HOUSE

## Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: *County Government*

Type of Applicant 2:

Type of Applicant 3:

\* Other (specify):

\* 10. Name of Federal Agency:

*Office of Community Oriented Policing Services (COPS)*11. Catalog of Federal Domestic Assistance Number: *16.710*

CFDA Title:

\* 12. Funding Opportunity Number:

*COPS-OTHER-TECH-2006-1*\* Title *COPS Technology Program*

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*Sierra County, CA*

\* 15. Descriptive Title of Applicant's Project:

*Sierra County Sheriff's Communications Console Upgrade*

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant CA-4\* b. Program/Project: CA-4

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**\* a. Start Date: 10/1/2006\* b. End Date: 10/1/2007**18. Estimated Funding (\$):** 98,723.00

\* a. Federal 98,723.00  
\* b. Applicant \_\_\_\_\_  
\* c. State \_\_\_\_\_  
\* d. Local \_\_\_\_\_  
\* e. Other \_\_\_\_\_  
\* f. Program Income \_\_\_\_\_  
\* g. TOTAL 98,723.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/08/2006  
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
☐ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)**☐ Yes ☒ No

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Standard Form 424 (Revised 10/2005)


Prescribed by OMB Circular A-102

Prefix: Sheriff\* First Name: Lee

Middle Name: \_\_\_\_\_

\* Last Name: Adams

Suffix: \_\_\_\_\_

\* Title: Sierra County Sheriff\* Telephone Number: 530 289-2899Fax Number: 530 289-3318\* Email: hangman@sierracounty.ws\* Signature of Authorized Representative: \* Date Signed: May 2, 2006

Authorized for Local Reproduction

Application for Federal Assistance SF-424		Version 02
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____		<div>RECEIVED MAY 05 2006 STATE CLEARING HOUSE</div>
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> State of California Department of Parks and Recreation		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 680303606	<b>* c. Organizational DUNS:</b> 820851076	
<b>d. Address:</b>		
<b>* Street1:</b> 750 Hearst Castle Road		
<b>Street2:</b> _____		
<b>* City:</b> San Simeon		
<b>County:</b> _____		
<b>* State:</b> CA: California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 93452-9741		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Parks and Recreation	<b>Division Name:</b> San Luis Obispo Coast District	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mr.	<b>* First Name:</b> Nicholas	
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Franco		
<b>Suffix:</b> _____		
<b>Title:</b> District Superintendent		
<b>Organizational Affiliation:</b> State of California Department of Parks and Recreation		
<b>* Telephone Number:</b> 805-927-2065	<b>Fax Number:</b> 805-927-2031	
<b>* Email:</b> nfranco@hearstcastle.com		

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

A: State Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.419

## CFDA Title:

Coastal Zone Management Administration Awards

## \* 12. Funding Opportunity Number:

NOS-OCRM-2006-2000663

## \* Title:

2006 Coastal and Estuarine Land Conservation Program

## 13. Competition Identification Number:

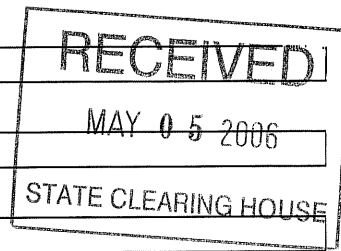
## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

Acquisition of 18 acres of Piedras Blancas property.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 23

\* b. Program/Project 23

Attach an additional list of Program/Project Congressional Districts if needed.

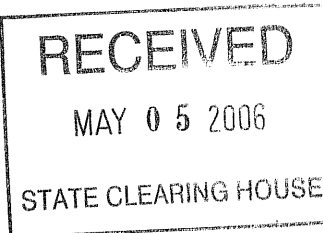
## 17. Proposed Project:

\* a. Start Date: 08/01/2006

\* b. End Date: 03/31/2007

## 18. Estimated Funding (\$):

* a. Federal	467,922.00
* b. Applicant	467,922.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	935,844.00



## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Nicholas

Middle Name:

\* Last Name: Franco

Suffix:

\* Title: District Superintendent

\* Telephone Number: 805-927-2065 Fax Number: 805-927-2031

\* Email: nfranco@hearstcastle.com

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Community Action Agency of San Mateo County, Inc.		Organizational Unit: Department:		
Organizational DUNS: 09-343-6137		Division:		
<b>Address:</b> Street: 930 Brittan Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Carlos		Prefix: Mr.	First Name: William	
County: San Mateo		Middle Name Francis		
State: CA		Last Name Parker		
Zip Code 94070	Suffix:			
Country: USA	Email: wparker@baprc.com			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2475728		Phone Number (give area code) 650-595-1342	Fax Number (give area code) 650-595-5376	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Organization Other (specify) Community Action Agency		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-443 TITLE (Name of Program): Rural Housing - Housing Preservation Grant		<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Coastside, San Mateo County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Renovation project for low-income homeowners in the rural Coastside areas of San Mateo County.		
<b>13. PROPOSED PROJECT</b> Start Date: 10-01-06 Ending Date: 09-30-07		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 12, 14 b. Project 12, 14		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05-04-06		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ 100,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 200,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative				
Prefix Mr.	First Name William	Middle Name Francis		
Last Name Parker	Suffix			
b. Title Executive Director	c. Telephone Number (give area code) 650-595-1342			
d. Signature of Authorized Representative	e. Date Signed 05/04/06			

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 3/24/2006	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: CALIFORNIA CENTER FOR REGIONAL LEADERSHIP Address (give city, county, State, and zip code): 200 PINE ST., SUITE 400, SAN FRANCISCO, CA. 94104		Organizational Unit:
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-3352230		Name and telephone number of person to be contacted on matters involving this application (give area code): TRISH KELLY, 916-448-2456
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) 501(C)3 NON-PROFIT ORGANIZATION         </div> </div>
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 111-307 TITLE: ECONOMIC ADJUSTMENT ASST.		<b>9. NAME OF FEDERAL AGENCY:</b> ECONOMIC DEVELOPMENT ADMINISTRATION DEPARTMENT OF COMMERCE
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> STATEWIDE		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> CALIFORNIA ECONOMIC LEADERSHIP NETWORK

<b>13. PROPOSED PROJECT</b> Start Date: 6/1/06    Ending Date: 5/30/07		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: PELOSI-8th DISTRICT b. Project: STATEWIDE-ALL DISTRICTS															
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$ 150,000.00</td></tr> <tr><td>b. Applicant</td><td>\$ 81,115.00</td></tr> <tr><td>c. State</td><td>\$ 47,385.00</td></tr> <tr><td>d. Local</td><td>\$ 21,500.00</td></tr> <tr><td>e. Other</td><td>\$ .00</td></tr> <tr><td>f. Program Income</td><td>\$ 0.00</td></tr> <tr><td>g. TOTAL</td><td>\$ 300,000.00</td></tr> </table>		a. Federal	\$ 150,000.00	b. Applicant	\$ 81,115.00	c. State	\$ 47,385.00	d. Local	\$ 21,500.00	e. Other	\$ .00	f. Program Income	\$ 0.00	g. TOTAL	\$ 300,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 150,000.00																
b. Applicant	\$ 81,115.00																
c. State	\$ 47,385.00																
d. Local	\$ 21,500.00																
e. Other	\$ .00																
f. Program Income	\$ 0.00																
g. TOTAL	\$ 300,000.00																
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Bonny L Herman	b. Title President & CEO	c. Telephone Number 818 772-7832
d. Signature of Authorized Representative Bonny L Herman		e. Date Signed March 20, 2006

Previous Edition Usable  
Authorized for Local Reproduction

**RECEIVED**  
 MAY - 8 2006  
 STATE CLEARING HOUSE

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102



# Second Program Year Action Plan

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	<b>Type of Submission</b>	
Date Received by state	State Identifier	<b>Application</b>	<b>Pre-application</b>
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		/078787397	
0		0	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
<b>Employer Identification Number (EIN):</b>		Fresno County	
94-6000512		7/1	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: County		Specify Other Type	
<b>Program Funding</b>		<b>U.S. Department of Housing and Urban Development</b>	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> <li>- Area Based Policing</li> <li>- CDBG Housing Program Administration</li> <li>- Fair Housing Activities</li> <li>- General Management, Oversight, and Coordination</li> <li>- Housing Rehabilitation Loans (Owner Occupied)</li> <li>- Public Information</li> <li>- Social Service Programs</li> <li>- Facade Improvement Program</li> <li>- Unincorporated Infrastructure &amp; Public Facilities</li> </ul>		<ul style="list-style-type: none"> <li>- Projects Contingency</li> <li>- Coalinga Valley Street Water and Sewer Improvements (03086)</li> <li>- Fowler Pedestrian Improvements (06177)</li> <li>- Kerman Teen Center Section 108 Payment</li> <li>- Kerman Kearney Blvd. (04122)</li> </ul>	
		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>RECEIVED</b></p> <p>MAY - 9 2006</p> <p>STATE CLEARING HOUSE</p> </div>	

<ul style="list-style-type: none"><li>- Kerman Project</li><li>- Kingsburg 20th Ave Sidewalk, Curb, and Gutter Improvements (06173)</li><li>- Mendota Fire Protection Improvements (06155)</li><li>- Reedley Linden Avenue Street and Drainage Improvements (06156)</li><li>- Selma Street Improvements - Arrans, Grant, Mill &amp; Various Alleyways (06141)</li><li>- Sanger Road Reconstruction - 7<sup>th</sup> Street, Recreation Way (06175)</li><li>- Sanger Park - Tot Lot Play Structure (06176)</li><li>- Cantua Creek Wastewater Pond/Sewer Pumps (06029)</li><li>- Laton Latonia Standby Generator (06011)</li><li>- Caruthers Water Distribution System Improvements - Ph. II (06998)</li><li>- Raisin City Water Distribution - Phase III Water Storage Tank (06049)</li></ul>		
\$4,084,944 - Entitlement	\$0	Describe
\$0	\$0	
\$0	\$0	
\$1,500,000 - Program Income	Other (Describe)	
\$5,584,944 - Total 2006 - 07 CDBG Funding Available		
<b>Home Investment Partnerships Program</b>		
HOME Project Titles		14.239 HOME
<ul style="list-style-type: none"><li>- Administration of HOME</li><li>- Downpayments Assistance (HOME)</li><li>- Downpayment Assistance (ADDI)</li><li>- HOME CHDO Set-Aside: Affordable Housing Development in Cities &amp; Unincorporated Area</li><li>- Housing Rehabilitation Loans in Cities and Unincorporated Areas (Owner Occupied and Rental)</li><li>- Lead Based Paint Testing and Abatement</li><li>- Relocation Assistance</li></ul>		Description of Areas Affected by HOME Project(s)  The Unincorporated area of Fresno County; The Cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma
\$1,615,710 - Entitlement	\$0	Describe
\$0	\$0	
\$0	\$0	
\$900,000 - Program Income	Other: HOME entitlement of \$1,615,710 listed above includes \$20,137 in ADDI funding.	
\$2,515,710 - Total 2006 - 07 HOME Funding Available		



<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
<b>Emergency Shelter Grants Program</b>		14.231 ESG	
ESG Project Titles - Emergency Shelter Grant (ESG) Administration - ESG Activities (Individual ESG Activities will be Selected in Fall 2006)		Description of Areas Affected by ESG Project(s)  The Unincorporated area of Fresno County; The Cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	
\$211,579	\$0	Describe	
\$0		\$0	
\$0		\$0	
\$0		Other (Describe)	
\$211,579			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
18, 19, 20, 21	18, 19, 20, 21	<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on May 5, 2006
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Gigi	0	Gibbs
Community Development Manager	(559) 262-4292	(559) 488-3940
0	www.co.fresno.ca.us	0
Signature of Authorized Representative <i>Alan Weaver</i> Alan Weaver, Director Department of Public Works and Planning		Date Signed <i>4/28/06</i>

## Narrative Responses

### Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed during the next year.

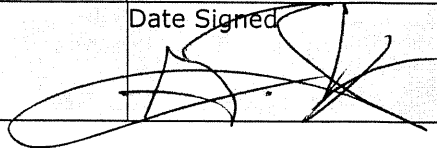
Program Year 2 Action Plan Executive Summary:

The Action Plan constitutes an application to the U.S. Department of Housing and Urban Development (HUD) for 2006-07 Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Shelter Grant (ESG), and American Dream Downpayment Initiative (ADDI) funds.

In August of 2005, the County of Fresno demonstrated compliance with the urban county qualification requirements under the Community Development Block Grant Entitlement Program and requalified for entitlement status as an urban County. As an Urban County qualified to receive an annual entitlement of funds, the County is submitting this application for 2006-07 entitlement funds as follows:

CDBG: \$4,084,944  
HOME: \$1,595,573  
ADDI: \$ 20,137  
ESG: \$ 211,579

Annual CDBG entitlement funds are redistributed between the cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma, which have elected to participate in the Urban County Program through a Joint Powers Agreement, and unincorporated areas within the County's jurisdiction. The Action Plan describes how the 2006-07 allocation of entitlement funds will be used in these areas.

Person to be contacted regarding this application		
Gigi	0	Gibbs
Community Development Manager	(559) 262-4292	(559) 488-3940
0	www.co.fresno.ca.us	0
Signature of Authorized Representative		Date Signed
Gary D. Zomalt, Director Department of Children and Family Services		

## Narrative Responses

GENERAL

### Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed during the next year.

Program Year 2 Action Plan Executive Summary:

The Action Plan constitutes an application to the U.S. Department of Housing and Urban Development (HUD) for 2006-07 Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Shelter Grant (ESG), and American Dream Downpayment Initiative (ADDI) funds.

In August of 2005, the County of Fresno demonstrated compliance with the urban county qualification requirements under the Community Development Block Grant Entitlement Program and requalified for entitlement status as an urban County. As an Urban County qualified to receive an annual entitlement of funds, the County is submitting this application for 2006-07 entitlement funds as follows:

CDBG: \$4,084,944  
HOME: \$1,595,573  
ADDI: \$ 20,137  
ESG: \$ 211,579

Annual CDBG entitlement funds are redistributed between the cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma, which have elected to participate in the Urban County Program through a Joint Powers Agreement, and unincorporated areas within the County's jurisdiction. The Action Plan describes how the 2006-07 allocation of entitlement funds will be used in these areas.

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION					
Legal Name: Fresno West Coalition for Economic Development			Organizational Unit: Department:		
Organizational DUNS: 017025821			Division:		
Address: Street: 302 Fresno Street, Suite 212			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Fresno			Prefix: Mr.		
County: Fresno			First Name: Jim		
State: California			Middle Name Title		
Zip Code 93706			Last Name Hill		
Country: USA			Suffix: II		
			Email: latah@fwced.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [5][2]-[2][2][5][3][3][8]			Phone Number (give area code) 559-485-1273		Fax Number (give area code) 559-485-1276
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Non-profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [9][5]-[5][7][0] TITLE (Name of Program): Community Economic Development Discretionary Grant			9. NAME OF FEDERAL AGENCY: DHHS, ACF, OCS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Fresno county, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business development project, which creates job by enabling the applicant to facilitate the expansion of for-profit, a minority-owned enterprise that install and constructs solar paneling.		
13. PROPOSED PROJECT Start Date: 10/01/06 Ending Date: 09/30/09			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th District, Jim Costa b. Project 20th District, Jim Costa		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 700,000.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/09/06		
b. Applicant \$ .00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ .00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ .00					
g. TOTAL \$ .00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Keith		Middle Name A	
Last Name Kelley				Suffix	
b. Title CEO/President				c. Telephone Number (give area code) 559-485-1273	
d. Signature of Authorized Representative				e. Date Signed 05/09/06	

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Prcapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 10011 Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Giannopoulos (916) 341-5680	
10. Catalog of Federal Domestic Assistance Number 66.804 Title: State Underground Storage Tanks Program		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 07/01/06 End Date 06/30/07		11. Descriptive Title of Applicant's Project: Development and implementation of regulatory programs for the prevention, detection, and correction of leaking UST's containing petroleum and hazardous substances.	
15. ESTIMATED FUNDING: a. Federal \$296,600 b. Applicant \$0 c. State \$100,294 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$396,894		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/prcapplication was made available to the State EO 12372 process for review on: Date: May 9, 2006 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Celeste Cantu		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed: 05/15/06	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/10/06 REVISION	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 5/10/06	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California Urban Water Conservancy Council		Department:	
Organizational DUNS: 944524552		Division:	
Address: Street: 455 Capitol Mall, Suite 703		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Mary Ann
County: Sacramento		Middle Name	
State: CA		Last Name Dickinson	
Zip Code 95814		Suffix:	
Country: USA		Email: maryann@cuwcc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0318069		Phone Number (give area code) (916) 552-5885	Fax Number (give area code) (916) 552-5877
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
TITLE (Name of Program): Water Quality Cooperative Agreement		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Alliance for Water Efficiency: National Clearinghouse This project proposal would establish the national organization staff and information services for the Alliance for Water Efficiency including development of a national clearinghouse for water use efficiency.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All U.S.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project All U.S.	
13. PROPOSED PROJECT Start Date: 5/1/06 Ending Date: 4/30/08		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 335,000.00			
b. Applicant \$ 69,914.00			
c. State \$ 0.00			
d. Local \$ 0.00			
e. Other \$ 0.00			
f. Program Income \$ 0.00			
g. TOTAL \$ 404,914.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix	First Name Mary Ann	Suffix	
Last Name Dickinson		c. Telephone Number (give area code) (916) 552-5885 ext. 15	
b. Title Executive Director		e. Date Signed 5/10/06	
d. Signature of Authorized Representative Mary Ann Dickinson			

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

N/A

\* 5b. Federal Award Identifier:

N/A

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Community Centers, Inc.

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-313-1727

\* c. Organizational DUNS:

165183997

d. Address:

\* Street1:

7523 S. Vermont Avenue

Street2:

\* City:

Los Angeles

County:

Los Angeles

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

90044



e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

\* First Name:

Jorge

Middle Name:

\* Last Name:

Armendariz

Suffix:

Title: Executive Director

Organizational Affiliation:

N/A

\* Telephone Number: (323) 752-2115

Fax Number: (323) 789-4574

\* Email: jarmendariz47@aol.com

**Application for Federal Assistance SF-424**

**Version 02**

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Administration for Children and Families

**11. Catalog of Federal Domestic Assistance Number:**

93.570

CFDA Title:

Community Services Block Grant Discretionary Awards

**\* 12. Funding Opportunity Number:**

HHS-2006-ACF-OCS-EE-0019

\* Title:

Community Services Block Grant Program Community Economic Development Discretionary Grant Program--Operational Projects

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

The City of Los Angeles in Los Angeles County, California

**\* 15. Descriptive Title of Applicant's Project:**

Community Centers, Inc (CCI) will provide a 36-month CED program that will create jobs due to business start-up in daycare, construction and the healthcare industry.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 35

\* b. Program/Project 35

Attach an additional list of Program/Project Congressional Districts if needed.





## 17. Proposed Project:

\* a. Start Date: 09/01/06

\* b. End Date: 08/01/09

## 18. Estimated Funding (\$): \$700,000

* a. Federal	\$700,000
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$700,000

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/04/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Jorge

Middle Name:

\* Last Name: Armendariz

Suffix:

\* Title: Executive Director

\* Telephone Number: (323) 752-2115 Fax Number: (323) 789-4570

\* Email: jamendariz47@aol.com

\* Signature of Authorized Representative: *Jorge Armendariz* \* Date Signed: 5/10/06

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

[Click here and type address]

# facsimile transmittal

**To:** Grants Coordination State  
Clearinghouse

**Fax:** (916) 445-0613

**From:** Community Centers, Inc

**Date:** 5/11/2006

**Re:** Health and Human Services  
CSBG Community Economic  
Block Grant

**Pages:** 04

**CC:**

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Please find the attached SF-424.

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913 8. Type of Application: ____ New ____ <input checked="" type="checkbox"/> Revision ____ Continuation ____ If Revision, enter appropriate letter(s): <u>A</u> ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier I.S. 96934701
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Giannopoulos (916) 341-5680	
12. Area Affected by Project: (cities, counties, states, etc.) California		7. Type of Applicant: (enter appropriate letter) <u>A</u> ____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
13. Proposed Project: Start Date 07/01/05 End Date 06/30/08		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal \$3,333,197 b. Applicant \$0 c. State \$436,832 d. Local \$0 e. Other - "In-Kind" \$1,035,123 f. Program Income \$0 g. TOTAL \$4,805,152		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant: 3 Project: California - All	
a. Typed Name of Authorized Representative Celeste Cantú		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 10, 2006 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
d. Signature of Authorized Representative		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
e. Date Signed:			

Version 02

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Valley Economic Development Center (VEDC)

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

05-3130419

\* c. Organizational DUNS:

171087653

## d. Address:

## \* Street1:

5121 Van Nuys Blvd., 3rd Floor

## Street2:

## \* City:

Van Nuys

## County:

Los Angeles

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

91403

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Mr.

## \* First Name:

Roberto

## Middle Name:

Edwardo

## \* Last Name:

Barragan

## Suffix:

## Title:

President

## Organizational Affiliation:

## \* Telephone Number:

(818) 907-9977

## Fax Number:

(818) 907-9720

## \* Email:

rbarragan@vedc.org

Version 02

**Application for Federal Assistance SF-424****9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

Administration for Children and Families

**11. Catalog of Federal Domestic Assistance Number:**

93.570

**CFDA Title:**

Community Services Block Grant Discretionary Awards

**\* 12. Funding Opportunity Number:**

HHS-2006-ACF-OCS-EE-0019

**\* Title:**

Community Services Block Grant Program Community Economic Development Discretionary Grant Program--Operational Projects

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

San Fernando Valley of the Los Angeles County

**\* 15. Descriptive Title of Applicant's Project:**

San Fernando Valley Equity Investment Project

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

Version 02

## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-027

\* b. Program/Project CA-027, 026, 028, 029  
030, 031

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

## 17. Proposed Project:

\* a. Start Date: 10/01/2006

\* b. End Date: 03/01/2009

## 18. Estimated Funding (\$):

* a. Federal	699,624.00
* b. Applicant	146,540.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	846,164.00

RECEIVED  
MAY 11 2006  
STATE CLEARING HOUSE

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on May 8, 2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

Mr.

\* First Name: Roberto

Middle Name:

Edwardo

\* Last Name:

Barragan

Suffix:

\* Title:

President

\* Telephone Number:

(818) 907-9977

Fax Number:

(818) 907-9720

\* Email:

rbarragan@vedc.org

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

MAY 11, 2006

**REVISED**

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 J Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986 6. D U N S Number: 808321913 8. Type of Application: ____ New ____ Revision <input checked="" type="checkbox"/> Continuation If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier DE-FG52-94SI20509
10. Catalog of Federal Domestic Assistance Number 81.xxx Title:		Organizational Unit: San Francisco Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Gina Kathuria (510) 622-2378	
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Bay area, California		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State II. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
13. Proposed Project: Start Date 07/01/06 End Date 06/30/09		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal \$126,578 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$126,578		11. Descriptive Title of Applicant's Project: Assessment and cleanup of the environmental management programs at the Department of Energy Lawrence Livermore National Laboratory (LLNL) and the Sandia National Laboratory (Sandia).	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant: 3 Project: California - All	
a. Typed Name of Authorized Representative Celeste Cantu		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 11, 2006 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
d. Signature of Authorized Representative		17. Is the applicant delinquent on any Federal debt? YES, attach explanation <input checked="" type="checkbox"/> NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
e. Date Signed:			

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## B. APPLICANT INFORMATION:

\* a. Legal Name: Christian Church Homes of Northern California

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

946077407

\* c. Organizational DUNS:

076292945

## d. Address:

\* Street1:

303 Hegenberger Road, Suite 201

Street2:

\* City:

Oakland

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94621

## e. Organizational Unit:

Department Name:

Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name: Kendra

Middle Name:

\* Last Name: Roberts

Suffix:

Title: Development/Marketing

Organizational Affiliation:

\* Telephone Number: 510-632-6712 ext 133

Fax Number: 510-632-6704

\* Email: kroberts@cchnc.org



## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

RECEIVED

MAY 12 2006

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

STATE CLEARING HOUSE

## 11. Catalog of Federal Domestic Assistance Number:

14.157

## CFDA Title:

Supportive Housing for the Elderly

## \* 12. Funding Opportunity Number:

FR-5030-N-22

## \* Title:

Section 202 Supportive Housing for the Elderly

## 13. Competition Identification Number:

S202-22

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Richmond, County of Contra Costa, State of California

## \* 15. Descriptive Title of Applicant's Project:

Construction of 59, one-bedroom affordable housing units for elderly persons and one, two-bedroom unit for a resident manager, in Richmond, CA.

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments Cancel Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 9

\* b. Program/Project 7

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 11/01/2006

\* b. End Date: 11/01/2046

## 18. Estimated Funding (\$):

* a. Federal	7,212,100.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,212,100.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name: Kendra  
Middle Name:   
\* Last Name: Roberts  
Suffix:

\* Title: Development/Marketing

\* Telephone Number: 510-632-6712

Fax Number: 

\* Email: kroberts@cchnc.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

RECEIVED

MAY 12 2006

STATE CLEARING HOUSE

## \* 3. Date Received:

## 4. Applicant Identifier:

Completed by Grants.gov upon submission.

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## B. APPLICANT INFORMATION:

## \* a. Legal Name: Volunteers of America National Services

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

411467162

## \* c. Organizational DUNS:

121178552

## d. Address:

## \* Street1:

1660 Duke St., 3rd Floor

## Street2:

## \* City:

Alexandria

## County:

## \* State:

VA: Virginia

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

22314

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

## \* First Name: Robin

## Middle Name:

## \* Last Name: Keller

## Suffix:

## Title: Vice President

## Organizational Affiliation:

## \* Telephone Number: 703-341-5017

## Fax Number:

## \* Email: rkeller@voa.org

**Application for Federal Assistance SF-424****Version 02****9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.181

**CFDA Title:**

Supportive Housing for Persons with Disabilities

**\* 12. Funding Opportunity Number:**

FR-5030-N-21

**\* Title:**

Section 811 Supportive Housing for Persons with Disabilities

**13. Competition Identification Number:**

S811-21

**Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Sacramento, County of Sacramento, State of California

**\* 15. Descriptive Title of Applicant's Project:**

Construction of 14 one-bedroom units of low-income housing for persons with Chronic Mental Illness in Sacramento, CA. One, two-bedroom unit will be constructed as a manager's unit.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Expiration Date: 07/31/2006

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 1

\* b. Program/Project 5

Attach an additional list of Program/Project Congressional Districts if needed.

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 11/01/2006

\* b. End Date: 11/01/2046

## 18. Estimated Funding (\$):

* a. Federal	1,733,200.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,733,200.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: First Name: Becky  
Middle Name: J.  
\* Last Name: Hanna  
Suffix:

\* Title: Consultant

\* Telephone Number: 402-464-5383

Fax Number: 402-464-5858

\* Email: bhanna@hannakeelan.com

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Thai Community Development Center, Inc

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

954531770

\* c. Organizational DUNS:

838237303

## d. Address:

## \* Street1:

6376 Yucca Street

## Street2:

Suite B

## \* City:

Los Angeles

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

90028

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Mrs.

## \* First Name:

Chanchanit

## Middle Name:

## \* Last Name:

Martorell

## Suffix:

## Title:

Executive Director

## Organizational Affiliation:

## \* Telephone Number:

323-468-2555

## Fax Number:

323-461-4488

## \* Email:

chancee@thaicdc.org

OMB Number: 4040-0004  
Expiration Date: 07/31/2006**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Administration for Children and Families

**11. Catalog of Federal Domestic Assistance Number:**

93.570

CFDA Title:

Community Services Block Grant Discretionary Awards

**\* 12. Funding Opportunity Number:**

HHS-2006-ACF-OCS-EE-0019

\* Title:

Community Services Block Grant Program Community Economic Development Discretionary Grant Program--Operational Projects

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Los Angeles, Los Angeles County, State of California

**\* 15. Descriptive Title of Applicant's Project:**

The Thai Town Bazaar and Food Court aims to develop employment and business opportunities for low-income individuals and welfare recipients while revitalizing a community.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-033

\* b. Program/Project CA-033

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 01/01/2007

\* b. End Date: 12/31/2012

## 18. Estimated Funding (\$):

* a. Federal	468,821.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	50,000.00
* f. Program Income	0.00
* g. TOTAL	518,821.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mrs.

\* First Name: Chanchanit

Middle Name:

\* Last Name: Martorell

Suffix:

\* Title: Executive Director

\* Telephone Number: 323-468-2555

Fax Number: 323-461-4488

\* Email: chancee@thaicdc.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102



**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>April 2006</b>	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: <b>City of Redding, California</b>		Organizational Unit: <b>Benton Airpark</b>	
		Department: <b>Transportation &amp; Engineering</b>	
Organizational DUNS: <b>07-378-0413</b>		Division: <b>Airports</b>	
Address: Street: <b>777 Cypress Avenue</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
		Prefix: <b>Mr.</b>	First Name: <b>Rod</b>
City: <b>Redding</b>		Middle Name: <b>A.</b>	
County: <b>Shasta</b>		Last Name: <b>Dinger</b>	
State: <b>CA</b>	Zip Code: <b>96001-2718</b>	Suffix:	
Country: <b>USA</b>		Email: <b>rdinger@ci.redding.ca.us</b>	

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

9	4	-	6	0	0	0	4	0	1		Phone number (give area code): <b>(530) 224-4321</b>	FAX number (give area code): <b>(530) 224-4318</b>
---	---	---	---	---	---	---	---	---	---	--	---	---

**8. TYPE OF APPLICATION:**

<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)		<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> <input checked="" type="checkbox"/> C Other (specify)	
Other (specify)			

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**

2	0	-	1	0	6	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 1. <b>Airfield Drainage Improvements – Phase II</b> 2. <b>Access Control (Security Gates)</b>	
TITLE: Airport Improvement Program (AIP)							

**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**

<b>Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California</b>	
---	--

**13. PROPOSED PROJECT**

Start Date <b>06/01/06</b>	Ending Date <b>05/31/07</b>	<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant <b>#02</b>	b. Project <b>#02</b>
-------------------------------	--------------------------------	---	--------------------------

**15. ESTIMATED FUNDING**

a. Federal	\$	<b>150,000</b>	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b> a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <b>04/27/06</b>  b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	<b>395</b>	.00	
c. State	\$	<b>7,500</b>	.00	
d. Local	\$	<b>0</b>	.00	
e. Other	\$	<b>0</b>	.00	
f. Program income	\$	<b>0</b>	.00	
g. TOTAL	\$	<b>157,895</b>	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative			
Prefix <b>Mr.</b>	First Name <b>Kurt</b>	Middle Name	
Last Name <b>Starman</b>		Suffix	
b. Title <b>Interim City Manager</b>		c. Telephone number (give area code) <b>(530) 225-4060</b>	
d. Signature of Authorized Representative		e. Date Signed <b>5/8/06</b>	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>April 2006</b>	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: <b>City of Redding, California</b>		Organizational Unit: <b>Redding Municipal Airport</b>	
		Department: <b>Transportation &amp; Engineering</b>	
Organizational DUNS: <b>07-378-0413</b>		Division: <b>Airports</b>	
Address: Street: <b>777 Cypress Avenue</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: <b>Redding</b>		Prefix: <b>Mr.</b>	First Name: <b>Rod</b>
County: <b>Shasta</b>		Middle Name: <b>A.</b>	
State: <b>CA</b>		Last Name: <b>Dinger</b>	
Zip Code: <b>96001-2718</b>		Suffix:	
Country: <b>USA</b>		Email: <b>rdinger@ci.redding.ca.us</b>	

**6. EMPLOYER IDENTIFICATION NUMBER EIN:**

9	4	-	6	0	0	0	4	0	1		Phone number (give area code): <b>(530) 224-4321</b>	FAX number (give area code): <b>(530) 224-4318</b>
---	---	---	---	---	---	---	---	---	---	--	---	---

**8. TYPE OF APPLICATION:**

<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)		<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> <input checked="" type="checkbox"/> C Other (specify)	
Other (specify)			

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**

TITLE: <b>Airport Improvement Program (AIP)</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 1. <b>ARFF Building (Phase IV)</b> 2. <b>Access Control (Security Gates) – Phase II</b> 3. <b>Land Acquisition Reimbursement – Approach Protection (Parcel #47)</b> 4. <b>Land Acquisition Reimbursement – Approach Protection (Parcel #55)</b> 5. <b>Runway Broom (Maintenance)</b>	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> <b>Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California</b>			

**13. PROPOSED PROJECT**

Start Date <b>06/01/06</b>	Ending Date <b>05/31/07</b>	<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant <b>#02</b>	
		b. Project <b>#02</b>	

**15. ESTIMATED FUNDING**

a. Federal	\$	<b>1,825,549</b>	<b>.00</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <b>04/27/06</b>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	<b>96,082</b>	<b>.00</b>	
c. State	\$	<b>0</b>	<b>.00</b>	
d. Local	\$	<b>0</b>	<b>.00</b>	
e. Other	\$	<b>0</b>	<b>.00</b>	
f. Program income	\$	<b>0</b>	<b>.00</b>	
g. TOTAL	\$	<b>1,921,631</b>	<b>.00</b>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative			
Prefix <b>Mr.</b>	First Name <b>Kurt</b>	Middle Name	
Last Name <b>Starman</b>		Suffix	
b. Title <b>Interim City Manager</b>		c. Telephone number (give area code) <b>(530) 225-4060</b>	
d. Signature of Authorized Representative <b>X</b>		e. Date Signed <b>X 5/8/06</b>	

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 12, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Mercy Housing California		Organizational Unit: Department: Community Development Department	
Organizational DUNS: 883200900		Division: West Sacramento	
Address: Street: 3120 Freeboard Drive, Suite 202		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: West Sacramento		Prefix: Mr.	First Name: David
County: Yolo		Middle Name	
State: CA		Last Name Wilkinson	
Zip Code 95691	Suffix:		
Country: USA		Email: dwilkinson@mercyhousing.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081866		Phone Number (give area code) 916-414-4419	Fax Number (give area code) 916-414-4492
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Biggs		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California Housing Preservation Program	
13. PROPOSED PROJECT Start Date: October 2006 Ending Date: September 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Wally Herger b. Project: Wally Herger	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 6, 2006	
b. Applicant	\$ 112,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 212,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Greg	Middle Name	
Last Name Sparks		Suffix	
b. Title Regional Vice President		c. Telephone Number (give area code) 916-414-4439	
d. Signature of Authorized Representative		e. Date Signed May 12, 2006	

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102